

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400110649

**COMPLETED INTERVAL REPORT**

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30959-00 6. County: WELD  
7. Well Name: NORTHGLENN STATE Well Number: 5-36  
8. Location: QtrQtr: SWNE Section: 36 Township: 1N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>10/12/2010</u>		Date of First Production this formation: <u>11/05/2010</u>	
Perforations	Top: <u>8870</u> Bottom: <u>8886</u>	No. Holes: <u>64</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Frac w/ 148,092 gal SW w/ 57,900# 40/70 &amp; 4,000# SB Excel.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>11/18/2010</u>	Hours: <u>24</u>	Bbls oil: <u>1</u>	Mcf Gas: <u>1</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>1</u>	Mcf Gas: <u>1</u> Bbls H2O: <u>0</u> GOR: <u>1000</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1400</u>	Tubing PSI: <u></u>	Choke Size: <u>10/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1336</u>	API Gravity Oil: <u>47</u>
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>			
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>			

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/26/2010 Date of First Production this formation: 11/05/2010

Perforations Top: 7994 Bottom: 8446 No. Holes: 124 Hole size: 42/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Perf NB 7994-8298 Holes 70 Size 0.47 Perf CD 8428-8446 Holes 54 Size 0.42  
Frac NB w/ 225 gal 15% HCl & 250,320 gal SW w/ 100,125# 40/70 & 4,000# SB Excel.  
Frac CD w/ 206,976 gal SW w/ 75,500# 40/70 & 4,000# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 11/18/2010 Hours: 24 Bbls oil: 57 Mcf Gas: 93 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 57 Mcf Gas: 93 Bbls H2O: 0 GOR: 1632

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: \_\_\_\_\_ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1336 API Gravity Oil: 47

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Cindy Vue

Title: Regulatory Analyst II Date: 11/22/2010 Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 1/7/2011

**Attachment Check List**

Att Doc Num	Name
400110649	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)